

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Title::	COCHLEATE COMPOSITIONS DIRECTED AGAINST EXPRESSION OF PROTEINS
Attorney Docket Number::	BSZ-049
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	7
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Susan
Family Name::	GOULD-FOGERITE
City of Residence::	Annandale
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	6 Cynthia Court
City of mailing address::	Annandale
State or Province of mailing address::	NJ
Postal or Zip Code of mailing address::	08801

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Raphael
Middle Name:: J.
Family Name:: MANNINO
City of Residence:: Annandale
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 36 Meadowview Drive
City of mailing address:: Annandale
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 08801

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Patrick
Family Name:: AHL
City of Residence:: Princeton
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 24 Yale Terrace
City of mailing address:: Princeton
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 08540

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gaofeng

Family Name:: SHANG
City of Residence:: Livingston
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 2 Kathay Drive
City of mailing address:: Livingston
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 07039

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Zi
Middle Name:: Wei
Family Name:: CHEN
City of Residence:: Newark
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 130 Midland Place
City of mailing address:: Newark
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 07106

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Sara
Middle Name:: L.
Family Name:: KRAUSE-ELSMORE
City of Residence:: Kearny
State or Province of Residence:: NJ
Country of Residence:: US

Street of mailing address:: 100 Maple Street
City of mailing address:: Kearny
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 07032

Correspondence Information

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 00959

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/461483	04/09/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/463076	04/15/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/502557	09/11/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/499247	08/28/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/532755	12/24/03

Assignee Information

Assignee name:: BioDelivery Sciences International, Inc.
Street of mailing address:: 185 South Orange Avenue
Administrative Building 4

City of mailing address:: Newark
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 07103

Assignee name:: University of Medicine and Dentistry of New
Jersey
Street of mailing address:: 30 Bergen Street
City of mailing address:: Newark
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 07107